

<b>CLAIMS ONLY</b>							Application Number <div style="font-size: 1.5em; font-family: cursive;">09/914932</div>		Filing Date <div style="font-size: 1.5em; font-family: cursive;">5-3-4</div>		
							Applicant(s)				
* May be used for additional claims or amendments											

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	1											
Total Depend	10											
Total Claims	11											

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep</			